

# Foster Family Home - Deficiency Report

Provider ID: 1-220092

Home Name: Jaysel Danver Agonoy, NA

Review ID: 1-220092-5

94-560 Koaleo Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/9/2024

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/9/24).

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- No sex offender search results present for CG#1, CG#2, CG#7, CG#8 , HHM#1, and HHM#2.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No basic skills checklist present for CG#2 and CG#7 in Client #1's chart/records.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#2 and CG#7 in Client #1's chart/records.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drill completed/conducted for the month of August 2024.

# Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

47.(e)- No training present for Client #1's specialized diet present in Client #1's chart/records.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(3) Current copies of the client's physician's orders;

54.(c)(4) Client's emergency management procedures;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #1's Service Plan without the POA's/guardian's signature.

54.(c)(3)- No MD Admission Order to CCFFH present in Client #1's chart.

54.(c)(4)- No Client's Emergency Management Procedures present in Client #1's chart.

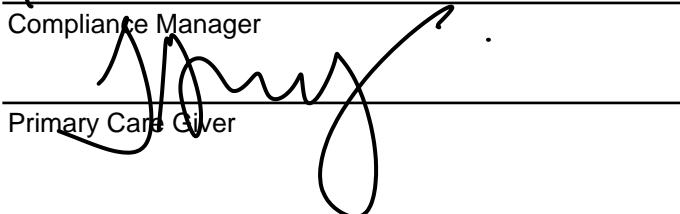
54.(c)(5)- Client #1's Medication Administration Record was incomplete. No signatures from 9/5/24-9/9/24 (am doses).

Client #2's Medication Administration Record(MAR) were missing 2 medications (not written in the MAR). MAR was incomplete. No signatures from 9/3/24-9/9/24 (am doses).

54.(c)(6)- Client #1's Daily Care Flowsheet was incomplete; no signatures from 9/5/24-9/8/24.

  
\_\_\_\_\_  
Compliance Manager

9/9/24  
Date

  
\_\_\_\_\_  
Primary Care Giver

9/9/24  
Date